



Durable Medical Equipment

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COVERAGE OF PROCEDURE CODE K0738RR

Effective for dates of service on or after November 1, 2007, MO HealthNet Division (MHD) will implement coverage of procedure code K0738RR (portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing). The following applies to procedure code K0738RR:

- A revised Oxygen and Respiratory Equipment Medical Justification (OREMJ) form must be submitted.
- The criteria for coverage of portable oxygen systems (as described in Section 13.26.F of the MO HealthNet Durable Medical Equipment Provider Manual) must be met for reimbursement.
- When procedure code K0738RR is billed, procedure code E0431 must not be billed.
- Procedure code K0738RR is valid only for individuals who own or rent a stationary gaseous system.

Reference the table below for the MO HealthNet Maximum Allowable Amount and reimbursement requirements.

MO HEALTHNET MAXIMUM ALLOWABLE AMOUNT CHANGES - OXYGEN

Effective for dates of service on or after November 1, 2007 MO HealthNet Division (MHD) will make the following reimbursement changes in accordance with current Medicare oxygen reimbursement guidelines.

Procedure Code	Mod	Mod	Description	MHN Max Allowable 11/1/07	Reimbursement Guidelines
E0424	RR		Stationary Compressed Gaseous Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$198.40	OREMJ
E0431	RR		Portable Gaseous Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$31.79	OREMJ
E0434	RR		Portable Liquid Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$31.79	OREMJ
E0439	RR		Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$198.40	OREMJ
E0439	RR	QF	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM (and portable oxygen is prescribed)	\$297.60	OREMJ
E0439	RR	QG	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM	\$297.60	OREMJ
E1390	RR		Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$198.40	OREMJ
E1390	RR	QF	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM (and portable oxygen is prescribed)	\$297.60	OREMJ

Procedure Code	Mod	Mod	Description	MHN Max Allowable 11/1/07	Reimbursement Guidelines
E1390	RR	QG	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM	\$297.60	OREMJ
E0441	NU		Oxygen Contents, Gaseous (for use with owned gaseous stationary system or when both a stationary and portable gaseous system are owned), one (1) month's supply = 1 unit	\$77.45	OREMJ
E0442	NU		Oxygen Contents, Liquid (for use with owned liquid stationary)	\$77.45	OREMJ
E0443	NU		Portable Oxygen Contents, Gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used), one (1) month's supply = 1 unit	\$77.45	OREMJ
E0444	NU		Portable Oxygen Contents, Liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one (1) month's supply = 1 unit	\$77.45	OREMJ
K0738	RR		Portable Gaseous Oxygen System, Rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$51.63	OREMJ

REIMBURSEMENT OF LIPIDS

Effective for dates of service on or after July 1, 2007 reimbursement of procedure code B4185 will be changed from manually priced to a maximum allowable amount of \$11.36 per unit. One unit is defined as **10 grams** of lipids. Providers must continue to submit an invoice of cost for dates of service prior to July 1, 2007. An invoice of cost is not required for dates of service on or after July 1, 2007. Providers may submit an adjustment request for claims already paid for dates of service on or after July 1, 2007.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- MO HealthNet Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896